

D.I. # _____

CIVIL ACTION
NUMBER: _____

07CV504***

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

7007 0220 0004 4342 9202

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 1.82
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.62

07-504***

Sent To
Correctional Medical Systems
Street, Apt. No.,
or PO Box No. 1201 College Park Drive, Suite 101
City, State, ZIP+4 Dover, DE 19904

PS Form 3800, August 2006 See Reverse for Instructions